

PLEASE TYPE OR PRINT YOUR NAME CLEARLY, EXACTLY AS YOU WISH IT TO APPEAR ON YOUR NAME BADGE. REGISTER ONLY ONE PERSON ON EACH REGISTRATION FORM. IF YOU HAVE QUESTIONS ABOUT THE OCVA CONFERENCE, PLEASE CONTACT US AT 1-800-822-1067 OR E-MAIL NICKYG@CTED.WA.GOV.

First Name:		Last Name:		
Agency (if applicable):				
Address:				
City:		S	tate:	Zip Code:
Phone:		Fax:]	E-mail:
I plan to attend:			Meal Restrictions	
☐ Full Conference (October 18-21)		-21)	☐ No restrictions	
	Tuesday, October 18	□ Vegetarian Meals needed□ Other meal restriction (please specify)		1eals needed
	Wednesday, October 19			estriction (please specify)
	Thursday, October 20		☐ Please check here if you require special accommodations or interpretation services to fully participate in the conference. OCVA staff will contact you to discuss your specific needs.	
	Friday, October 21			
Registration Fee Please make checks payable to CTED, Federal Tax ID #: 91-0823820. Unfortunately, OCVA is unable to accept payments by credit card.				
	Early Bird Registration Must be received no later than Aug. 15, 2005 \$70.00 for full conference or \$25 per day			
\square Regular registration Must be received no later t			han Sept. 30, 2005	\$100.00 for full conference or \$35 per day
☐ Late registration Registrations received Octob		er 1 and later	\$130.00 for full conference or \$45 per day	
☐ Conference presenter				Complimentary registration
Mail completed registration to: OCVA PO Box 48304 OLYMPIA WA 98504-8304 Total Registration Fee Enclosed:				osed:

REGISTRATION FEE INCLUDES ENTRY TO ALL CONFERENCE ACTIVITIES, AS WELL AS TUESDAY LUNCH, WEDNESDAY BREAKFAST, LUNCH, AND DINNER, THURSDAY BREAKFAST AND LUNCH, AND FRIDAY BREAKFAST AND LUNCH, AS WELL AS MORNING AND AFTERNOON BREAKS ON ALL DAYS.

CONFERENCE REFUND REQUESTS MUST BE MADE BY SEPTEMBER 30, 2005.

NO REFUND WILL BE GIVEN FOR CANCELLATIONS RECEIVED ON OR AFTER OCTOBER 1, 2005, ALTHOUGH SUBSTITUTIONS WILL BE POSSIBLE.